



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/25/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |  |   |                        |
|--|--|---|------------------------|
| <b>PRODUCER</b><br>Keith Balsiger Agency, Inc.<br>3481 E. Sunset Rd<br>Suite 100<br>Las Vegas NV 89120 |  | <b>CONTACT NAME:</b> Balsiger Insurance<br><b>PHONE (A/C, No, Ext):</b> (702) 220-8640<br><b>E-MAIL ADDRESS:</b> servicerequest@balsigerinsurance.com<br><b>FAX (A/C, No):</b> (866) 865-2046 |                        |
|  |  | <b>INSURER(S) AFFORDING COVERAGE</b>  |                        |
|  |  | <b>INSURER A:</b> Hallmark Specialty Insurance Company  | <b>NAIC #</b><br>26808 |
|  |  | <b>INSURER B:</b> Great American Alliance Insurance Company   |                        |
|  |  | <b>INSURER C:</b> Pennsylvania Manufacturers Association Insurance  |                        |
|  |  | <b>INSURER D:</b> Great American Insurance Company  |                        |
|  |  | <b>INSURER E:</b>   |                        |
|  |  | <b>INSURER F:</b>   |                        |
| <b>INSURED</b><br>Los Nogales Condo Association<br>4347 Dickason #217<br>Dallas TX 75219               |  |   |                        |

**COVERAGES**

CERTIFICATE NUMBER: CL2062517087

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |              |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|--------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input checked="" type="checkbox"/> OTHER: Separation of Insured |           |          | G42422291-0   | 06/15/2020              | 06/15/2021              | EACH OCCURRENCE   | \$ 1,000,000 |
|          |  |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                       | \$ 100,000   |
|          |  |           |          |               |                         |                         | MED EXP (Any one person)  | \$ 5,000     |
|          |  |           |          |               |                         |                         | PERSONAL & ADV INJURY   | \$ 1,000,000 |
|          |  |           |          |               |                         |                         | GENERAL AGGREGATE   | \$ 2,000,000 |
|          |  |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG  | \$ 2,000,000 |
|          |  |           |          |               |                         |                         |   | \$           |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          | G42422291-0   | 06/15/2020              | 06/05/2021              | COMBINED SINGLE LIMIT (Ea accident)   | \$ 1,000,000 |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per person)  | \$           |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per accident)  | \$           |
|          |  |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)  | \$           |
|          |  |           |          |               |                         |                         |   | \$           |
| B        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0   |           |          | UM30194586    | 06/15/2020              | 06/15/2021              | EACH OCCURRENCE   | \$ 5,000,000 |
|          |  |           |          |               |                         |                         | AGGREGATE   | \$ 5,000,000 |
|          |  |           |          |               |                         |                         |   | \$           |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | ABN6152020    | 06/15/2020              | 06/15/2021              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |              |
|          |  |           |          |               |                         |                         | E.L. EACH ACCIDENT  | \$ 1,000,000 |
|          |  |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE  | \$ 1,000,000 |
|          |  |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT   | \$ 1,000,000 |
| D        | Directors & Officers Liability   |           |          | EPPE45777-00  | 06/15/2020              | 06/15/2021              | Limit   | \$1,000,000  |
|          |  |           |          |               |                         |                         | Deductible  | \$1,000      |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

Proof of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Kathleen Ross*

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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/25/2020

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|  |  |  |  |                                      |               |
|--|--|--|--|--------------------------------------|---------------|
| <b>PRODUCER</b><br>Keith Balsiger Agency, Inc.<br>3481 E. Sunset Rd<br>Suite 100<br>Las Vegas NV 89120 |  | <b>CONTACT NAME:</b> Balsiger Insurance<br><b>PHONE (A/C, No, Ext):</b> (702) 220-8640<br><b>E-MAIL ADDRESS:</b> servicerequest@balsigerinsurance.com<br><b>PRODUCER CUSTOMER ID:</b> 00030497   |  | <b>FAX (A/C, No):</b> (866) 865-2046 |               |
| <b>INSURED</b><br>Los Nogales Condo Association<br>4347 Dickason #217<br>Dallas TX 75219               |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Mesa Underwriters Specialty Insurance Company<br><b>INSURER B:</b> Great American Alliance Insurance Company<br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |                                      | <b>NAIC #</b> |

**COVERAGES**      **CERTIFICATE NUMBER:** CP2062503282      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
  
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR                                       | TYPE OF INSURANCE  | POLICY NUMBER                                       | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY                               | LIMITS  |              |
|--|--|---|------------------------------------|-------------------------------------|--|---|--------------|
| A  | <input checked="" type="checkbox"/> <b>PROPERTY</b>                          | MP0112011000031                                     | 06/15/2020                         | 06/15/2021                          | BUILDING                                       | \$  |              |
|  | CAUSES OF LOSS   |   |                                    |                                     | DEDUCTIBLES                                    | PERSONAL PROPERTY                                     | \$           |
|  | <input type="checkbox"/> BASIC   |   |                                    |                                     | BUILDING \$5,000                               | BUSINESS INCOME                                       | \$           |
|  | <input type="checkbox"/> BROAD   |   |                                    |                                     | CONTENTS \$5,000                               | EXTRA EXPENSE   | \$           |
|  | <input checked="" type="checkbox"/> SPECIAL                                  |   |                                    |                                     |  | RENTAL VALUE  | \$           |
|  | <input type="checkbox"/> EARTHQUAKE  |   |                                    |                                     |  | <input checked="" type="checkbox"/> BLANKET BUILDING  | \$ 3,348,240 |
|  | <input checked="" type="checkbox"/> WIND                                     |   |                                    |                                     |  | <input checked="" type="checkbox"/> BLANKET PERS PROP | \$ 110,000   |
|  | <input type="checkbox"/> FLOOD   |   |                                    |                                     |  | BLANKET BLDG & PP                                     | \$           |
| <input checked="" type="checkbox"/> Repl Cost  |  | <input checked="" type="checkbox"/> Ord/Law Cov A   | \$ Included                        |                                     |  |   |              |
| <input checked="" type="checkbox"/> 90% CoIns. |  | <input checked="" type="checkbox"/> Ord/Law Cov B&C | \$ 100,000                         |                                     |  |   |              |
|  | <input type="checkbox"/> <b>INLAND MARINE</b>                                | TYPE OF POLICY                                      |                                    |                                     |  | \$  |              |
|  | CAUSES OF LOSS   | POLICY NUMBER                                       |                                    |                                     |  | \$  |              |
|  | <input type="checkbox"/> NAMED PERILS  |   |                                    |                                     |  | \$  |              |
| B  | <input checked="" type="checkbox"/> <b>CRIME</b>                             | SSA-392-56-74-10705-00                              | 06/15/2020                         | 06/15/2021                          | Limit  | \$ 50,000   |              |
|  | TYPE OF POLICY Fidelity  |   |                                    |                                     | <input checked="" type="checkbox"/> Deductible | \$ 1,000  |              |
|  | <input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b> |   |                                    |                                     |  | \$  |              |
| A  | Wind Hail Buy Back Deductible Policy   | 20N3087300004                                       | 06/15/2020                         | 06/15/2021                          | <input checked="" type="checkbox"/> Limit      | \$ 34,608 Per Occur.                                  |              |
|  |  |   |                                    |                                     | <input checked="" type="checkbox"/> Retention  | \$ 1% Per Occur.                                      |              |

**SPECIAL CONDITIONS / OTHER COVERAGES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### CERTIFICATE HOLDER

### CANCELLATION

|                    |  |
|--------------------|--|
| Proof of Insurance | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|                    | AUTHORIZED REPRESENTATIVE<br><br><i>Kathleen Ross</i>  |

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